

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
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26		1				
27		1				
28		1				
29		1				
30		1				
31		1				
32		1				
33		1				
34		1				
35		1				
36		2				
37		2				
38		1				
39		1				
40		1				
41		3				
42		3				
43		3				
44		3				
45		1				
46		1				
47		1				
48	1					
49		1				
50	1					
TOTAL IND.	↓		↓		↓	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	IND		DEP		IND		DEP		IND		DEP	
51												
52			1									
53			1									
54												
55												
56												
57												
58												
59												
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96												
97												
98												
99												
100												
TOTAL IND.	3		↓		↓		↓		↓		↓	
TOTAL DEP.	60		←		←		←		←		←	
TOTAL CLAIMS	63											